

106TH CONGRESS
1ST SESSION

H. R. 1899

To require the Secretary of Labor to issue regulations to eliminate or minimize the significant risk of needlestick injury to health care workers.

IN THE HOUSE OF REPRESENTATIVES

MAY 20, 1999

Mr. STARK (for himself, Mrs. ROUKEMA, Mr. GEORGE MILLER of California, and Mr. ANDREWS) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committees on Commerce, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To require the Secretary of Labor to issue regulations to eliminate or minimize the significant risk of needlestick injury to health care workers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Worker
5 Needlestick Prevention Act”.

6 **SEC. 2. REQUIREMENTS.**

7 (a) BLOODBORNE PATHOGENS STANDARD.—

1 (1) IN GENERAL.—Except as provided in para-
2 graph (2), the Secretary of Labor, acting through
3 the Occupational Safety and Health Administration,
4 shall amend the bloodborne pathogens standard to
5 require that—

6 (A) employers utilize needleless systems
7 and sharps with engineered sharps injury pro-
8 tections in their work sites to prevent the
9 spread of bloodborne pathogens; and

10 (B) to assist employers in meeting the re-
11 quirement of subparagraph (A), non-managerial
12 direct care health care workers of employers
13 participate in the identification and evaluation
14 of needleless systems and sharps with engi-
15 neered sharps injury protections.

16 (2) EXCEPTION.—The bloodborne pathogens
17 standard requirements of paragraph (1) shall apply
18 to any employer, except where the employer dem-
19 onstrates, to the Secretary’s satisfaction, that—

20 (A) there are circumstances in the employ-
21 er’s work facility in which the needleless sys-
22 tems and sharps with engineered sharps injury
23 protections do not promote employee safety,
24 interfere with patient safety, or interfere with
25 the success of a medical procedure; or

1 (B) the needleless systems and sharps with
2 engineered sharps injury protections required
3 are not commercially available to the employer.

4 (b) STANDARD CONTENT.—For carrying out the re-
5 quirement of subsection (a)(1) for needleless systems and
6 sharps with engineered sharps injury protections, the
7 amendment required by subsection (a) shall include the
8 following:

9 (1) EXPOSURE CONTROL PLAN.—The employer
10 shall include in their exposure control plan an effec-
11 tive procedure for identifying and selecting existing
12 needleless systems and sharps with engineered
13 sharps injury protections and other methods of pre-
14 venting bloodborne pathogens exposure.

15 (2) SHARPS INJURY LOG.—In addition to the
16 recording of all injuries from contaminated sharps
17 on the OSHA Occupational Injuries and Illnesses
18 200 log or its equivalent, the employer shall main-
19 tain a separate contaminated sharps injury log con-
20 taining the following information (to the extent such
21 information is known to the employer) with regard
22 to each exposure incident:

23 (A) Date and time of the exposure inci-
24 dent.

1 (B) Type and brand of sharp involved in
2 the exposure incident.

3 (C) Description of the exposure incident
4 which shall include—

5 (i) job classification of the exposed
6 employee;

7 (ii) department or work area where
8 the exposure incident occurred;

9 (iii) the procedure that the exposed
10 employee was performing at the time of
11 the incident;

12 (iv) how the incident occurred;

13 (v) the body part involved in the expo-
14 sure incident;

15 (vi) if the sharp had engineered
16 sharps injury protections—

17 (I) whether the protective mecha-
18 nism was activated, and whether the
19 injury occurred before the protective
20 mechanism was activated, during acti-
21 vation of the mechanism, or after acti-
22 vation of the mechanism, if applicable;
23 and

24 (II) whether the employee re-
25 ceived training on how to use the de-

1 vice before use, and a brief description
2 of the training;

3 (vii) if the sharp had no engineered
4 sharps injury protections, the injured em-
5 ployee's opinion as to whether and how
6 such a mechanism could have prevented
7 the injury, as well as the basis for the
8 opinion; and

9 (viii) the employee's opinion about
10 whether any other engineering, administra-
11 tive, or work practice control could have
12 prevented the injury as well as the basis
13 for the opinion.

14 (3) TRAINING.—A requirement that all direct
15 care health care workers shall be provided adequate
16 training on the use of all needleless systems and
17 sharps with engineered sharps injury protections
18 which they may be required to use.

19 **SEC. 3. NATIONAL CLEARINGHOUSE ON SAFER NEEDLE**
20 **TECHNOLOGY.**

21 (a) IN GENERAL.—The Director of the National In-
22 stitute for Occupational Safety and Health shall establish
23 and maintain a national database on existing needleless
24 systems and sharps with engineered sharps injury protec-
25 tions.

1 (b) EVALUATION CRITERIA.—The Director shall de-
2 velop a set of evaluation criteria for use by employers, em-
3 ployees, and other persons when they are evaluating and
4 selecting needleless systems and sharps with engineered
5 sharps injury protections.

6 (c) TRAINING.—The Director shall develop a model
7 training curriculum to train employers, employees, and
8 other persons on the process of evaluating needleless sys-
9 tems and sharps with engineered sharps injury protections
10 and shall (to the extent feasible) provide technical assist-
11 ance to persons who request such assistance.

12 (d) MONITORING.—The Director shall establish a na-
13 tional system to collect comprehensive data on needlestick
14 injuries to healthcare workers, including data on mecha-
15 nisms to analyze and evaluate prevention interventions in
16 relation to needlestick injury occurrence. In carrying out
17 its duties under this subsection, the National Institute for
18 Occupational Safety and Health shall have access to infor-
19 mation recorded by employers on the sharps injury log as
20 required by section 2(b)(2).

21 (e) AUTHORIZATION.—There is authorized to be ap-
22 propriated \$15,000,000 to the National Institute of Occu-
23 pational Safety and Health to carry out the requirements
24 of this section.

1 **SEC. 4. DEFINITIONS.**

2 For purposes of this Act:

3 (1) BLOODBORNE PATHOGENS.—The term
4 “bloodborne pathogens” means pathogenic micro-
5 organisms that are present in human blood and can
6 cause disease in humans. These pathogens include
7 hepatitis B virus, hepatitis C virus, and human im-
8 munodeficiency virus.

9 (2) CONTAMINATED.—The term “contami-
10 nated” means the presence or the reasonably antici-
11 pated presence of blood or other potentially infec-
12 tious materials on an item or surface.

13 (3) DIRECT CARE HEALTH CARE WORKER.—
14 The term “direct care health care worker” means an
15 employee responsible for direct patient care with po-
16 tential occupational exposure to sharps related inju-
17 ries.

18 (4) EMPLOYER.—The term “employer” means
19 each employer having an employee with occupational
20 exposure to human blood or other material poten-
21 tially containing bloodborne pathogens.

22 (5) ENGINEERED SHARPS INJURY PROTEC-
23 TIONS.—The term “engineered sharps injury protec-
24 tions” means—

25 (A) a physical attribute built into a needle
26 device used for withdrawing body fluids, access-

1 ing a vein or artery, or administering medica-
2 tions or other fluids, that effectively reduces the
3 risk of an exposure incident by a mechanism
4 such as barrier creation, blunting, encapsula-
5 tion, withdrawal, retraction, destruction, or
6 other effective mechanisms; or

7 (B) a physical attribute built into any
8 other type of needle device, or into a nonneedle
9 sharp, which effectively reduces the risk of an
10 exposure incident.

11 (6) NEEDLELESS SYSTEM.—The term
12 “needleless system” means a device that does not
13 use needles for—

14 (A) the withdrawal of body fluids after ini-
15 tial venous or arterial access is established;

16 (B) the administration of medication or
17 fluids; and

18 (C) any other procedure involving the po-
19 tential for an exposure incident.

20 (7) SHARP.—The term “sharp” means any ob-
21 ject used or encountered in a health care setting
22 that can be reasonably anticipated to penetrate the
23 skin or any other part of the body, and to result in
24 an exposure incident, including, but not limited to,
25 needle devices, scalpels, lancets, broken glass, broken

1 capillary tubes, exposed ends of dental wires and
2 dental knives, drills, and burs.

3 (8) SHARPS INJURY.—The term “sharps in-
4 jury” means any injury caused by a sharp, including
5 cuts, abrasions, or needlesticks.

6 (9) SHARPS INJURY LOG.—The term “sharps
7 injury log” means a written or electronic record sat-
8 isfying the requirements of section 2(b)(2).

9 **SEC. 5. APPLICATION TO MEDICARE HOSPITALS.**

10 The Secretary of Health and Human Services shall
11 provide by regulation that, as a condition of participation
12 under the medicare program under title XVIII of the So-
13 cial Security Act of a hospital that is not otherwise subject
14 to the bloodborne pathogens standard amended under sec-
15 tion 2(a) because it is exempt from regulation by the Oc-
16 cupational Safety and Health Administration, the hospital
17 shall comply with the bloodborne pathogen standard
18 amended under section 2(a) with respect to any employees
19 of the hospital, effective at the same time as such amended
20 standard would have applied to the hospital if it had not
21 been so exempt.

22 **SEC. 6. EFFECTIVE DATE.**

23 This Act shall become effective upon the date of its
24 enactment, except that the Secretary of Labor shall take

1 the action required by section 2 within one year of such
2 date.

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